OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	x:		First Name:	Wayne			N	liddle Name:		
	Last	Name:	Nastri						Suffix:		
Title:	Exec	utive	Officer								
Comple	te Ad	dress:									
Street	t1: [21865	Copley Driv	re							
Street	t2:										
City: Diamo		Diamon	nd Bar			State:	State: CA: California				
Zip / Postal Cod		Code:	91765-4178			Country:	USA: UNITED STATES				
Phone Number:		er:	909-396-2100		Fax Num		per:				
E-mail Address:		ss:	wnastri@aqmd.gov								
Payee: Individual authorized to accept payments.											
Name:	Prefix	x:		First Name:	Sujata			N	liddle Name:		
	Last	Name:	Jain						Suffix:		
Title: Chief Financial Officer											
Complete Address:											
Street	t1: [21865	Copley Driv	<i>r</i> e							
Street	t2:										
City:		Diamon	nd Bar			State:	CA: Califor	rnia			
Zip / Postal Code:		Code:	91765-4178			Country: USA: UNITED STATE			ES		
Phone Number:		er:	909-396-2804			Fax Number:					
E-mail A	Addre	ess:	sjain@aqmd.gov								
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).											
Name:	Prefix	x:		First Name:	Karen			N	liddle Name: [
	Last	Name:	Sandoval						Suffix:		
Title:	Fina	ancial	Analyst								
Complete Address:											
Street1: 21865		21865	Copley Drive								
Street2:											
City:		Diamond Bar		State:	CA: Califor	rnia					
Zip / Postal Code:		91765-4178		Country:	ountry: USA: UNITED STAT		TES				
Phone Number:		909-396-310)8			Fax Numb	er:				
E-mail Address:		ksandoval@aqmd.gov									

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name:	Prefix:	First Name:	Joseph		Middle Na	ame:				
	Last Name:	Lopat			Su	uffix:				
Title:	Program S	upervisor								
Complete Address:										
Stree	t1: 21865	Copley Drive								
Street2:										
City: Diamon		nd Bar	State:	CA: Californ	nia					
Zip / Postal Code:		91765-4178	Coun	try: USA: UNITE	D STATES					
Phone I	Number:	909 396 2138		Fax Numbe	er:					
E-mail A	Address:	jlopat@aqmd.gov								

EPA Form 5700-54 (Rev 4-02)